

**RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT
CONTRACT/SUBCONTRACT REVIEW CERTIFICATION (CRC) FORM**

GRANTEE NAME: _____

CONTRACTOR/SUBCONTRACTOR NAME: _____

CONTRACTOR ADDRESS (street, city, state, 9 digit zip code): _____

CONTRACTOR 9 DIGIT Employer Identification Number (EIN): _____

IS THE CONTRACTOR A MINORITY PROVIDER? _____

FY 2002 TITLE II AMOUNT AWARDED: _____ DATE FUNDS AWARDED: _____

PURPOSE AND SCOPE OF CONTRACT (activities and services to be provided): Use ONLY the HRSA service categories. (Attach Table 1 showing categories and amounts budgeted for each category.)

Does the contractor/subcontractor provide direct client services as opposed to grant administration or program support services? _____

A. PROGRAM REVIEW: I certify that the purpose and scope of the contract has been reviewed and found to be in compliance with any existing policies of the HIV/AIDS Bureau (HAB), HRSA, in effect at the time this contract was executed.

Project Director (signature): _____ Date: _____

B. ADMINISTRATIVE/FISCAL REVIEW

1. I certify that the procedures used to advertise and award these funds meet the minimum standards required by the Office of Management and Budget (OMB) in the following Circular (check one only).

_____ A-102 (Administrative requirements applicable to grants to State and local governments) codified by DHHS in 45 CFR Part 92.

_____ A-110 (Administrative requirements applicable to grants to Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations) codified by DHHS in 45 CFR Part 74.

2. I certify that the costs have been determined allowable according to principles and standards established by OMB in the following Circulars (check one only).

_____ A-122, Cost Principles for Non-Profit Organizations.

_____ A-87, Cost Principles for State, Local, and Indian Tribal Governments

_____ A-21, Cost Principles for Educational Institutions.

3. I certify that there are no mathematical errors in the budget of this contract.

ADMINISTRATIVE/BUDGET OFFICER (FISCAL): _____ DATE: _____